

*Department of Health and Human Resources*

# **Bureau for Behavioral Health and Health Facilities**

## **Mission**

The Bureau for Behavioral Health and Health Facilities ensures that positive meaningful opportunities are available for persons with mental illness, chemical dependency, developmental disabilities, and those at risk. The bureau provides support for families, providers, and communities in assisting persons to achieve their potential and gain greater control over the direction of their future.

## **Operations**

### *Commissioner's Office*

- Provide administrative and fiscal oversight for state and federal funds for the operation of community-based services.
- Develop and implement a strategic plan for stabilization of the state facilities and the Behavioral Health Services' delivery plan.
- Develop a means of assuring accessible, affordable, and quality behavioral health services.
- Implement sections of the West Virginia Code and the Hartley plan as it pertains to the bureau.
- Support the operational plans of the behavioral health Administrative Service Organization at the first stage of the behavioral health managed care plan.

### *Office of Finance and Administration*

- Responsible for all fiscal-related duties for the bureau, including budgeting, fiscal reporting, and administrative policy.
- Provide fiscal monitoring of the seven state facilities.
- Responsible for allocating grant funds to the community behavioral health centers, processing payments to grantees, and monitoring compliance with grant expenditures.

### *Office of Behavioral Health Services*

- Administer state and federal funds for the operation of community-based services.
- Provide coordination and monitoring of department policy pertaining to behavioral health services.
- Coordinate prevention, treatment, and rehabilitation services to the state's mentally ill, developmentally disabled, and substance abusers or those who have been identified as at risk.
- Monitor the placements of former Colin Anderson Center clients in the community to assure services are equal to or better than those provided at the facility.

### *Office of Health Facilities*

- Oversee the operations of the seven state-owned and operated hospitals including two psychiatric hospitals, four nursing homes, and one acute care hospital with a long-term care unit.
- Responsible for oversight of compliance of office programs with federal and state rules, policies, and standards.
- Responsible for management for administrative and business planning, organizing, directing, and control functions in the areas of procurement and personnel matters.

### *Hopemont Hospital/Lakin Hospital/John Manchin, Sr. Health Care Center/Pinecrest Hospital*

- Provide geriatric services to West Virginians requiring long-term and behavioral health care who are not served by traditional health care systems, and improve their functioning ability and independence.

### *Mildred Mitchell-Bateman Hospital/William R. Sharpe, Jr. Hospital*

- Provide quality, coordinated, cost-effective, acute inpatient psychiatric treatment for mentally ill adults in West Virginia.

*Bureau for Behavioral Health and Health Facilities*

***Welch Community Hospital***

- Provide health care services to the rural population of southern West Virginia with emphasis on prevention and community education.

***Office of the Ombudsman for Behavioral Health***

- Provide assistance and referral services to the citizens of West Virginia who have concerns with behavioral health care.
- Manage all Olmstead related activities.

# Expenditures

	TOTAL FTE POSITIONS 11/30/2005	ACTUALS FY 2005	BUDGETED FY 2006	REQUESTED FY 2007	GOVERNOR'S RECOMMENDATION
<b>EXPENDITURE BY PROGRAM</b>					
Commissioner's Office	3.00	\$268,369	\$479,145	\$381,615	
Office of Behavioral Health Services	42.50	63,505,715	75,165,092	65,328,051	
Office of Finance & Administration	14.50	26,168,394	46,343,127	31,709,255	
Office of Health Facilities-	7.00	378,311	1,088,515	456,245	
Hopemont Hospital	183.00	7,791,967	8,837,769	8,081,610	
John Manchin, Sr. Health Care Center	74.90	3,385,593	3,615,209	3,366,967	
Lakin Hospital	181.00	7,786,445	8,041,793	7,702,994	
Mildred-Mitchell Bateman Hospital	331.30	21,247,733	20,912,206	20,110,818	
Pinecrest Hospital	216.50	9,893,682	10,511,492	10,014,126	
Welch Community Hospital	297.40	21,496,676	21,582,361	20,443,472	
William R. Sharpe, Jr. Hospital	424.40	30,027,977	30,918,561	27,419,249	
Office of Ombudsmen for Behavioral Health	3.00	206,855	262,987	253,887	
Less: Reappropriated		(19,248,405)	(30,877,539)	0	
<b>TOTAL BY PROGRAM</b>	<b>1,778.50</b>	<b>172,909,312</b>	<b>196,880,718</b>	<b>195,268,289</b>	<b>216,338,019</b>
<b>EXPENDITURE BY FUND</b>					
<b>General Fund</b>					
FTE Positions		1,151.30	1,224.60	1,224.60	1,224.60
Total Personal Services		32,041,392	35,199,285	34,497,975	44,403,087
Employee Benefits		12,532,863	12,201,609	12,201,609	13,548,462
Other Expenses		47,781,080	54,578,900	43,685,685	63,677,752
Less: Reappropriated		(8,199,774)	(10,893,215)	0	0
<b>Subtotal: General Fund</b>		<b>84,155,561</b>	<b>91,086,579</b>	<b>90,385,269</b>	<b>121,629,301</b>
<b>Federal Fund</b>					
FTE Positions		27.00	27.00	27.00	27.00
Total Personal Services		733,128	1,130,450	1,108,700	1,130,450
Employee Benefits		239,471	339,844	335,896	339,844
Other Expenses		12,844,446	17,413,151	17,413,151	17,413,151
<b>Subtotal: Federal Fund</b>		<b>13,817,045</b>	<b>18,883,445</b>	<b>18,857,747</b>	<b>18,883,445</b>
<b>Appropriated Special Fund</b>					
FTE Positions		587.20	513.90	513.90	513.90
Total Personal Services		16,811,671	15,128,818	14,215,628	5,362,481
Employee Benefits		5,962,073	6,306,827	5,985,747	4,638,894
Other Expenses		60,540,323	82,859,729	63,591,132	63,591,132
Less: Reappropriated		(11,048,631)	(19,984,324)	0	0
<b>Subtotal: Appropriated Special Fund</b>		<b>72,265,436</b>	<b>84,311,050</b>	<b>83,792,507</b>	<b>73,592,507</b>
<b>Nonappropriated Special Fund</b>					
FTE Positions		13.00	13.00	13.00	13.00
Total Personal Services		369,014	440,267	434,572	434,572
Employee Benefits		130,644	137,243	137,236	137,236
Other Expenses		2,171,612	2,022,134	1,660,958	1,660,958
<b>Subtotal: Nonappropriated Special Fund</b>		<b>2,671,270</b>	<b>2,599,644</b>	<b>2,232,766</b>	<b>2,232,766</b>
<b>TOTAL FTE POSITIONS BY FUND</b>	<b>1,778.50</b>	<b>1,778.50</b>	<b>1,778.50</b>	<b>1,778.50</b>	<b>1,778.50</b>
<b>TOTAL EXPENDITURES BY FUND</b>		<b>\$172,909,312</b>	<b>\$196,880,718</b>	<b>\$195,268,289</b>	<b>\$216,338,019</b>

# Programs

## Commissioner's Office

### Mission

The Commissioner's Office of the Bureau for Behavioral Health and Health Facilities coordinates the state behavioral health and long-term care facilities, so West Virginia citizens are assured the availability of high quality, long-term, behavioral health services.

### Goals/Objectives

**Continue coordinating the development of a plan for creative and cost-effective approaches to redesign West Virginia's system of behavioral health services.**

- Begin work with a consultant in FY 2006 to develop a redesign plan.

**Provide an ongoing forum for consumer, family, and provider input into the design and delivery of West Virginia's behavioral health services.**

- Continue to update policies to provide consistency among like state-operated health care facilities.
- Continue the effort to maximize revenue collections.
- Increase monitoring and accountability of bureau contracts for provision of health and mental health care services by more clearly defining this bureau's purpose and mission. (The redesign to the behavioral health system, with the help of consultants, will assist in this function.)
- Continue to identify and implement new strategies to decrease dependency on the ability to commit clients to state-operated psychiatric hospitals (instead of keeping them in the community).
- Continue to monitor patient diversions, and continue the effort to minimize their daily costs to the state by utilizing Medicaid versus 100% General Revenue dollars when the client qualifies for Medicaid. (Diverted patients are those who the courts have ordered to go to public mental facilities, but have been diverted to private facilities because of insufficient available space.)

### Performance Measures

<u>Fiscal Year</u>	<u>Actual</u> <u>2003</u>	<u>Actual</u> <u>2004</u>	<u>Estimated</u> <u>2005</u>	<u>Actual</u> <u>2005</u>	<u>Estimated</u> <u>2006</u>	<u>Estimated</u> <u>2007</u>
Patients diverted	1,172	1,374	1,300	1,728	1,800	1,800
Cost of diverted patients (in millions)	\$3.21	\$3.54	\$3.60	\$2.74	\$3.50	\$3.50

## Office of Behavioral Health Services

### Mission

Office of Behavioral Health Services ensures positive, meaningful opportunities are available for persons with mental illness, chemical dependency, developmental disabilities, and those at risk. The office provides support for families, providers, and communities in assisting persons to achieve their potential and gain greater control over the direction of their future.

### Goals/Objectives

- Implement identified outcome measures with all behavioral health providers by July 2006.
- Increase fiscal accountability for targeted funds awarded to providers within the next year with the Behavioral Health redesign.
- Begin discussions by April 1, 2007, regarding the 2006 behavioral risk factor surveillance system as it relates to depression and other chronic diseases.

## Bureau for Behavioral Health and Health Facilities Programs

- Develop outcome data reporting/collections for all grantees by November 1, 2006.
- Maintain the community-based behavioral health delivery system at current or expanded levels as evidenced by the number of people served.

### Performance Measures

<u>Fiscal Year</u>	<u>Actual</u> <u>2003</u>	<u>Actual</u> <u>2004</u>	<u>Estimated</u> <u>2005</u>	<u>Actual</u> <u>2005</u>	<u>Estimated</u> <u>2006</u>	<u>Estimated</u> <u>2007</u>
Clients served by Division of MR/DD	5,128	6,564	6,714	7,157	7,300	7,300
Clients served by Division of Substance Abuse	9,958	17,404	19,200	13,384	14,200	15,000
Clients served by Division of Adult & Children's Mental Health	40,328	42,918	43,776	42,876	43,700	44,500

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## Office of Finance and Administration

### Mission

The Office of Finance and Administration is responsible for all fiscal-related duties, including budgeting for the bureau and the state hospitals, hospital oversight, grant allocations to the community behavioral health centers, monitoring compliance of grants with the community behavioral health centers, processing payments to grantees, and administrative policy and support.

### Goals/Objectives

- Process all grant invoice payments to behavioral health providers within three days.
- Complete budget submissions within 14 day deadline set by DHHR budget office.

### Performance Measures

- ✓ Completed budget submissions for state hospitals within 14 day deadline.

<u>Fiscal Year</u>	<u>Actual</u> <u>2003</u>	<u>Actual</u> <u>2004</u>	<u>Estimated</u> <u>2005</u>	<u>Actual</u> <u>2005</u>	<u>Estimated</u> <u>2006</u>	<u>Estimated</u> <u>2007</u>
Grant payments processed within three days of receipt	95%	95%	96%	95%	96%	100%

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## Office of Health Facilities—Hopemont Hospital

### Mission

Hopemont Hospital provides quality, efficient, and economical services to geriatric residents of West Virginia requiring long-term care and behavioral interventions to maximize their functioning ability and independence.

### Goals/Objectives

- Continue to provide long-term care services for individuals with behavioral problems not being served by the private nursing home sector.
- Maintain contracted psychiatric services.
- Maintain a 1.19 to 1 staff-to-patient ratio for direct care and a 1.85 to 1 total staff-to-patient ratio.
- Continue to be a training site for graduate West Virginia University psychology students.

**Maximize use of financial resources.**

- Maintain compliance with fiscal year budget.
- Maintain no less than 95% bed capacity in any two-week period.
- Secure and implement by the end of FY 2007 the new state facility software that will include the following functions: general ledger, accounts receivable, billing, inventory, medical records, and numerous clinical applications.

## Performance Measures

<u>Fiscal Year</u>	<u>Actual</u> <u>2003</u>	<u>Actual</u> <u>2004</u>	<u>Estimated</u> <u>2005</u>	<u>Actual</u> <u>2005</u>	<u>Estimated</u> <u>2006</u>	<u>Estimated</u> <u>2007</u>
Direct staff ratio for each patient	1.19	1.18	1.19	1.19	1.19	1.19
Total staff ratio for each patient	1.87	1.87	1.85	1.81	1.85	1.85
Occupancy rate	97%	97%	100%	97%	100%	100%

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## Office of Health Facilities—John Manchin, Sr. Health Care Center

### Mission

John Manchin, Sr. Health Care Center offers skilled/intermediate nursing and inpatient and outpatient clinical services at the most affordable cost and in the most efficient and accessible manner, targeting indigent residents who are unable to obtain these services in the community.

### Goals/Objectives

**Operate within yearly-allotted budget.**

- Maintain staff-to-patient ratio that meets Medicaid standards, as well as being cost efficient.
- Monitor expenditures monthly to ensure spending is in line with projections.
- Maintain billings within three weeks after the end of the billing period to maximize revenue.
- Secure and implement by the end of FY 2007 the new state facility software that will include the following functions: general ledger, accounts receivable, billing, inventory, medical records, and numerous clinical applications.

**Maintain at least 95% occupancy in the long-term care (LTC) unit.**

- Have good communication with acute care facility social workers for placement of residents.
- Continue excellent quality of care and community respect to continue a waiting list of potential residents.
- Maintain direct care staff-to-patient ratio of 0.67 to 1.

**Renew certification for health facilities licensure and certification.**

- Maintain proper records in relation to patient care.
- Ensure proper staffing/training of personnel.
- Keep quality assurance committee active.

**Provide primary care to the low income, underinsured, and indigent people of the area through the outpatient clinic, thus saving unnecessary emergency room and hospital expense.**

- Provide outpatient services including family practice, family planning, breast and cervical cancer screening, dietitian consultants, and early periodic screening for children.
- Provide laboratory tests, radiological and mammogram services, and electrocardiogram services.

## Performance Measures

<u>Fiscal Year</u>	<u>Actual 2003</u>	<u>Actual 2004</u>	<u>Estimated 2005</u>	<u>Actual 2005</u>	<u>Estimated 2006</u>	<u>Estimated 2007</u>
LTC occupancy rate	99%	95%	99%	96%	97%	97%
LTC direct care staff ratio for each patient	0.60	0.53	0.67	0.64	0.67	0.67

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## Office of Health Facilities—Lakin Hospital

### Mission

Lakin Hospital provides quality long-term care services to West Virginia residents who have special placement needs of behavioral, developmental, and other complex problems because community health will not or cannot provide these needed services. Although the services offered are long-term in nature, Lakin Hospital is not in competition with local private sector nursing facilities. Our role is to seek and develop additional needed services for the community and to continue to be an alternative placement option.

### Goals/Objectives

**Lakin Hospital will continue to provide long-term care nursing services to meet the state's needs in utilizing the facility for underserved West Virginia residents with special behavioral, developmental, and other complex problems.**

- Admit residents who need behavior program services and cannot find these services in the community.
- Transfer all residents identified for community-based or specialized service placement to appropriate placements when available.
- Assist community-based services in locating and developing additional community placement options for behavioral residents.
- Maintain a daily rate (cost per day to patient) of \$235 or less.
- Reach an average annual occupancy rate of at least 90%.
- Maintain an average overall staff-to-patient ratio of 1.8 to 1 in FY 2006.
- Provide indigent care within a two percent annual rate or until the cost of care was obtained for residents without resources.
- Secure and implement by the end of FY 2007 the new state facility software that will include the following functions: general ledger, accounts receivable, billing, inventory, medical records, and numerous clinical applications.

## Performance Measures

<u>Fiscal Year</u>	<u>Actual 2003</u>	<u>Actual 2004</u>	<u>Estimated 2005</u>	<u>Actual 2005</u>	<u>Estimated 2006</u>	<u>Estimated 2007</u>
Occupancy rate (annual average)	89.7%	84.5%	90.0%	84.0%	90.0%	91.3%
Total staff ratio for each patient*	1.65	1.88	1.85	1.83	1.80	1.67

\* Staff-to-patient ratio is expected to decrease in 2007 because the goal is to raise the occupancy rate, which will lower the ratio.

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## **Office of Health Facilities—Mildred Mitchell-Bateman Hospital**

### **Mission**

Mildred Mitchell-Bateman Hospital, as an important part of West Virginia's behavioral health system, provides inpatient, acute psychiatric treatment for the adult client/citizens of southern West Virginia. This care is provided in a therapeutic environment that strives to restore patients with acute psychiatric symptoms to an optimal level of wellness, utilizing ongoing evaluation to continue improving the quality of care.

### **Goals/Objectives**

#### **Admission of forensic step-down patients from William R. Sharpe, Jr. Hospital to Mildred Mitchell-Bateman Hospital to assist in the continuum of care and increasing census of the forensic population.**

- Coordinate the transfer/transition of ten forensic graduates for inclusion on the three units at Mildred Mitchell-Bateman Hospital.
- Initiate a patient vocational training program for forensic and civilly committed patients.
- Develop placement plans in conjunction with William R. Sharpe, Jr. Hospital and the Bureau for Behavioral Health and Health Facilities for approval by the forensics board.
- Provide staff training during orientation on Mildred Mitchell-Bateman Hospital's role with forensic step-down patients.

#### **Develop strategies in conjunction with the Bureau for Behavioral Health and Health Facilities to maintain the patient census within Mildred Mitchell-Bateman Hospital's certified bed capacity of 90.**

- Explore the options to increase bed capacity at the hospital and decrease diversion costs, i.e. funding/construction of two fifteen bed units at Mildred Mitchell-Bateman Hospital, decrease current units to 25 beds each, and increase the certified bed capacity through the Centers for Medicare and Medicaid Services (CMS).
- Assist in the development of plans to enhance and increase utilization of community resources.
- Monitor commitment rates and work with the community to promote voluntary treatment in Mildred Mitchell-Bateman Hospital's surrounding areas.
- Continually update, as needed, the over-census plan developed by the hospital leadership team.
- Implement staffing proposals for direct care staff in order to reduce the use of temporary staff, increase continuity of care, and promote staff retention and recruitment.
- Maintain an occupancy rate of 98.0%.

#### **Maintain continuous survey readiness for regulatory agencies.**

- Focus on improving the physical environment on the patient units, i.e., refurbishing units with new flooring, furniture replacement where needed, and general repairs.
- Continue ongoing education of the staff on the new tracer methodology.
- Implement annually the national patient safety goals as the federal government updates and changes the goals.
- Conduct monthly walk-throughs and/or mock surveys.
- Complete all plans of correction approved in the hospital's periodic performance review.

#### **Maximize accountability for the utilization of hospital resources and services.**

- Maintain DHHR approved budget.
- Utilize state approved collection policy, and reduce outstanding accounts receivable by 40% by the end of FY 2006.
- Maximize revenue receipts.
- Maintain neoadult (ages 18-21) treatment program and meet the one percent Medicaid requirement (one percent of inpatient days must be neoadults).

## Performance Measures

<u>Fiscal Year</u>	<u>Actual</u> <u>2003</u>	<u>Actual</u> <u>2004</u>	<u>Estimated</u> <u>2005</u>	<u>Actual</u> <u>2005</u>	<u>Estimated</u> <u>2006</u>	<u>Estimated</u> <u>2007</u>
Occupancy rate	96.0%	98.0%	98.0%	96.0%	98.0%	98.0%
Neoadult treatment program—Medicaid days	1.13%	1.58%	1.00%	1.87%	1.00%	1.00%

## Office of Health Facilities—Pinecrest Hospital

### Mission

Pinecrest Hospital provides intermediate level nursing care and services to that population that cannot be served by traditional health care systems due to behavioral needs and/or financial status.

### Goals/Objectives

**Continue to serve as an integral part of the greater community by providing programs that are need-driven in response to the community and the state health services system.**

- Maintain nursing staff-to-patient ratio that meets or exceeds state and federal regulations (between 1.20 through 1.50 to 1) while maintaining budgetary compliance.
- Continue the professional and program services to provide for the special needs of each resident in order to produce the highest level of habilitative potential.
- Increase occupancy rate to 67.8% (135 residents) by FY 2006 to generate \$635,000 of additional revenue.
- Maintain effective dialogue between Pinecrest Hospital and its traditional referral services.
- Become certified as an Alzheimer's care center in FY 2007.
- Increase education/ training for level one management staff in order to retain more productive, professional, and knowledgeable staff employees.
- Meet the regulatory requirements of the Omnibus Budget Reconciliation Act of 1987 by maintaining a 2.25 per patient day ratio in direct nursing care.
- Work towards obtaining an approved contract with the local Veterans Administration hospital to obtain veteran patient admissions to the facility.
- Improve the internal quality assurance process by providing follow-up audits and needed changes to documented concerns in order to produce better resident and survey outcomes.
- Include all levels of employees, inasmuch as practical, in the development of workplace rules, policies, etc.
- Continue all established total quality management audits and systems in order to maintain preventive quality initiatives.

**Continue to emphasize the use of technology in order to increase efficiency and produce better, timelier results.**

- Develop more meaningful monthly financial statements that will aid in operating more efficiently within the annual budget.
- Secure and implement by the end of FY 2007 the new state facility software that will include the following functions: general ledger, accounts receivable, billing, inventory, medical records, and numerous clinical applications.

## Performance Measures

<u>Fiscal Year</u>	<u>Actual</u> <u>2003</u>	<u>Actual</u> <u>2004</u>	<u>Estimated</u> <u>2005</u>	<u>Actual</u> <u>2005</u>	<u>Estimated</u> <u>2006</u>	<u>Estimated</u> <u>2007</u>
Occupancy rate	51.4%	56.0%	62.0%	60.8%	67.8%	68.0%
Nursing staff-to-patient ratio	1.16	1.17	1.17	1.20	1.20	1.20

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## Office of Health Facilities—Welch Community Hospital

### Mission

Welch Community Hospital provides quality, accessible acute care and long-term health care to the rural population of southern West Virginia with emphasis on prevention and community education. Welch Community is to become a vital health care organization that promotes and provides quality health care that is integrated into and valued by the community.

### Goals/Objectives

**Provide the best skilled/intermediate care to the residents of the 59-bed, long-term care unit, focusing on people who have difficulty getting these services in the private sector.**

- Renew and maintain federal and state certification from the federal CMS and from DHHR's Office of Health Facilities Licensure and Certification.
- Provide assistance to patients on waiting list by offering help with medical options they are not aware of.
- Maintain LTC unit occupancy rate of 90% in FY 2006 and FY 2007.
- Continue to provide quality nursing care to patients and long-term care residents by maintaining a consistent staff to patient ratio.

**Maximize the use of financial resources.**

- Improve the overall revenue cycle by reducing the time from the date a bill is generated to the date the account is paid up to date (or in full)—from 95 days to 75 days by the end of FY 2006.
- Lower accounts receivable over 90 days from 37% to 30% by the end of FY 2006 by coding bills faster and increasing the follow-up procedure.
- Secure and implement by the end of FY 2007 the new state facility software that includes the following functions: general ledger, accounts receivable, billing, inventory, medical records, and numerous clinical applications.

**Provide primary care to the low income, underinsured, and indigent citizens of the area through the outpatient clinic, thus saving unnecessary hospital visits and reducing state expense.**

- Continue to provide at the current level of service: laboratory tests, radiological diagnostic procedures, computed axial tomography (CAT) scans, ultrasounds, and mammographies.
- Continue to provide at the current level of service: outpatient services including family practice, pediatric clinic, newborn care, internal medicine, surgery, emergency room services, radiology services, and respiratory services.

### Performance Measures

<u>Fiscal Year</u>	<u>Actual 2003</u>	<u>Actual 2004</u>	<u>Estimated 2005</u>	<u>Actual 2005</u>	<u>Estimated 2006</u>	<u>Estimated 2007</u>
Long-term care occupancy rate	83.7%	83.1%	85.0%	94.9%	90.0%	90.0%
Staff ratio for each patient	2.51	2.39	3.00	2.23	2.50	2.50

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## Office of Health Facilities— William R. Sharpe, Jr. Hospital

### Mission

The William R. Sharpe, Jr. Hospital will be successful in improving the quality of life for each patient, in becoming an employer of choice, and in becoming a recognized leader in mental health practices.

## Goals/Objectives

### **Expand and improve the continuum of care for the forensic population.**

- Complete the 12-bed transitional program and provide 3,700 bed days of service for the forensic population in the new facility. (This facility is scheduled to open in June 2006.)
- Collaborate with the Bureau for Behavioral Health and Health Facilities to implement phase two of the forensic proposal that identified the need for forensic group homes. One group home is scheduled to open by the end of FY 2006, and the other is scheduled to open sometime during FY 2007.

### **Participate in the development of uniform human resource policies and technology systems and in the development and implementation of best practices for the care and treatment of patient populations.**

- Secure and implement by the end of FY 2007 the new state facility software that includes the following functions: general ledger, including scheduling and acuity levels, accounts receivable, billing, inventory, medical records, and numerous clinical applications that include working toward a paperless record system.
- Collaborate with Mildred Mitchell-Bateman Hospital for developing and implementing policies and best practices.
- Ensure the highest quality of patient care, consistent with patient needs and service demands, by improving the staff-to-patient ratio for direct care staff consistent with national norms by the end of FY 2006.

### **Increase the accountability for the utilization of hospital resources and services.**

- Maximize revenue receipts by precertification of all third party insurance companies, utilization of the state collection policy, and pursuit of aging accounts receivable.
- Monitor and ensure compliance with all state and federal regulations.
- Maintain specialized treatment programs for the following populations: neoadult, mentally ill/chemically addicted, and psychogeriatric.

### **Ensure that the hospital provides appropriate level of treatment for the acute care psychiatric/forensic patients that it is licensed to provide.**

- Reduce the average length of stay from 74.1 days to 65 days in FY 2006.
- Develop a system of monitoring transfers to/from outside psychiatric hospital/units.
- Reduce length of stay of patients with pure substance abuse diagnoses or pure mental retardation diagnoses by diverting to appropriate residential treatment settings.

## Performance Measures

<u>Fiscal Year</u>	<u>Actual</u> <u>2003</u>	<u>Actual</u> <u>2004</u>	<u>Estimated</u> <u>2005</u>	<u>Actual</u> <u>2005</u>	<u>Estimated</u> <u>2006</u>	<u>Estimated</u> <u>2007</u>
Occupancy rate	102.0%	104.3%	100.0%	101.5%	100.0%	100.0%
Average length of stay (in days)	92.0	98.2	95.0	74.1	65.0	65.0

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## Office of the Ombudsman for Behavioral Health

### Mission

This office was established to assist citizens of West Virginia in addressing concerns and grievances that they have regarding the behavioral health care delivery system and to provide a process in which resolution of those issues can be accomplished. This office was created by the department (at the order of the West Virginia Thirteenth Judicial Circuit Court) to investigate reported complaints and to attempt to resolve them.

This office will not duplicate or invalidate any existing programs involved in dispute resolution for behavioral health care and continues to be an intermediary for citizens in West Virginia who are experiencing difficulties with behavioral health services.

## Bureau for Behavioral Health and Health Facilities Programs

The activities pertinent to Olmstead are overseen by this office. (Olmstead is a United States Supreme Court decision that mandates states to administer services, programs, and activities in the most integrated settings.)

### Goals/Objectives

**Help citizens who are having trouble accessing the system for care/support services through education about the Ombudsman and Olmstead programs.**

- Continue to provide a grievance process for citizens of West Virginia who have issues regarding the behavioral health care system in this state. (The number of grievances will increase as awareness of the program grows.)
- Provide 300 copies of the annual report (approved by the judge) to citizens, state facilities, advocacy agencies, and behavioral health care providers.
- Distribute 800 brochures by FY 2007 to provide information on the Ombudsman and Olmstead programs.
- Provide training to interested parties.
- Develop a statewide Olmstead Plan by October 2005.
- Monitor the implementation of statewide Olmstead Plan by responsible agencies.

**Resolve issues in *E.H., et al., v. Khan Matin, et al.***

- Continue to address the reimbursement rates to residential settings for behavioral health consumers in West Virginia.
- Continue the development and implementation of a performance-based and outcome-oriented process to evaluate the effectiveness of service coordination in West Virginia.
- Continue efforts to create community-based residential options for individuals currently living on the campus of Green Acres.
- Continue to follow the plans for a step-down facility, creating a system to qualify forensic evaluators, investigating, and instituting a diversion program whereby individuals with mental illness accused of committing nonviolent crimes can be diverted from the criminal justice system and channeled into appropriate community treatment programs.
- Implement a memorandum of understanding in collaboration with several departments in state government to secure adequate funding for developing programs and services for persons with traumatic brain injury.

### Performance Measures

<u>Fiscal Year</u>	<u>Actual 2003</u>	<u>Actual 2004</u>	<u>Estimated 2005</u>	<u>Actual 2005</u>	<u>Estimated 2006</u>	<u>Estimated 2007</u>
Grievances received by ombudsman	77	79	100	108	110	115
Grievances received regarding Olmstead	11	27	50	37	50	75
Unresolved issues in <i>E.H., et al., v. Khan Matin, et al.</i>	8	6	5	5	4	3